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Docket No.: 208.1009

Date: May 2, 2007

In re application of: Stewart Thomas LESLIE
 Serial No.: 10/037,299
 Filed: October 25, 2001
 For: **TRANSDERMAL DOSAGE FORM**

S I r:

Transmitted herewith is a **Response** (8 pages) for the above-identified application.

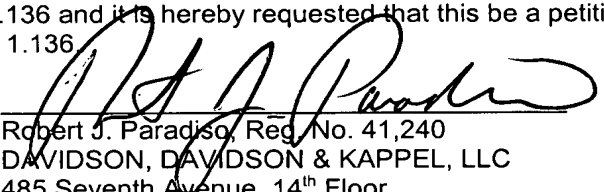
- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☒ No fee for additional claims is required.
☐ A filing fee for additional claims calculated as shown below, is required:

| FOR: | (Col. 1) | | (Col. 2) | | SMALL ENTITY | | OR | LARGE ENTITY | |
|--|---------------|----------|------------|---------|--------------|-----|----|--------------|---------|
| | REMAINING | HIGHEST | PREVIOUSLY | PRESENT | RATE | FEE | | RATE | FEE |
| | AFTER | | | | | | | | |
| | AMENDMENT | PAID FOR | | EXTRA | | | | | |
| TOTAL CLAIMS | 17 Minus 20 = | | | 0 | x \$ 9 | \$ | | x \$ 18 | \$0 .00 |
| INDEP. CLAIMS | 3 Minus 3 = | | | 0 | x \$ 42 | \$ | | x \$ 84 | \$0 .00 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$140 | \$ | | + \$280 | \$ |

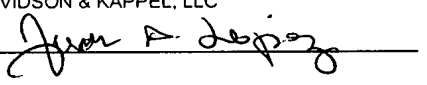
TOTAL: \$ OR TOTAL: \$00.00

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Also transmitted herewith are:
☐ Petition for extension under 37 C.F.R. 1.136(a)
☐ Check(s) in the amount of **\$0.00** is/are attached to cover:
☐ Filing fee for additional claims under 37 C.F.R. 1.16
☐ Petition fee for extension under 37 C.F.R. 1.136(a)
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
☒ Any patent application processing fees under 37 C.F.R. 1.17 and the fee of \$320.00 for filing a Notice of Appeal from the Primary Examiner to the Board of Patent Appeals and Interferences.
☒ Any petition fees for extension under 37 C.F.R. 1.136 and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136


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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to Mail Stop: AF "Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on May 2, 2007.
 DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 
 Juan Lopez



UNITED STATES PATENT & TRADEMARK OFFICE

Appl. No. : 10/037,299 Confirmation No. 4506
Applicant : Stewart Thomas LESLIE
Filed : October 25, 2001
A.U. : 1615
Examiner : Simon J. OH
Docket No. : 208.1009
Customer No. : 23280
For: TRANSDERMAL DOSAGE FORM

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

May 2, 2007

Response

Sir:

In response to the Final Office Action mailed February 8, 2007, Applicant submits the following:

Listing of the Claims begins on page 2 of this paper.

Remarks begin on page 6 of this paper.